

County: Anderson

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
HORIZON ADULT DAY CARE 2005 E GREENVILLE ST ANDERSON, SC 29625 JOHNSON, ALECIA PH#: 864-231-0099 Fac. Cont. Email: No Fac Cont. email on record	ADC-0248 / 10/31/2009 Anderson / Non-Profit Corporation 3420 CLEMSON BLVD UNIT 17 ANDERSON, SC 29621 SENIOR SOLUTIONS	50
Number of Participants		50
MARKETPLACE CINEMA ADULT DAY CARE 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621 COUGHLIN, HELEN PH#: 864-225-3370 Fac. Cont. Email: N/A	ADC-0246 / 01/31/2010 Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621 SENIOR SOLUTIONS	40
Number of Participants		40
NEW HOPE ADULT DAY CARE 1214 NEW HOPE RD ANDERSON, SC 29625 SIMS, LARRY V PH#: 864-222-2986 Fac. Cont. Email: SIMS164@JUNO.COM	ADC-0237 / 03/31/2010 Anderson / Sole Proprietorship 1214 NEW HOPE RD ANDERSON, SC 29625 LARRY V SIMS JR	35
Number of Participants		35
PALMETTO SENIOR DAY CARE LLC 1403 E GREENVILLE ST STE D ANDERSON, SC 29621 ULDRICK, DEBRA J PH#: 864-222-2770 Fac. Cont. Email: PALMETTOSENIORDAYCARE@HOTMAIL.COM	ADC-0272 / 06/30/2008 (Renewal Pending) Anderson / Ltd. Liability 1403 E GREENVILLE ST STE D ANDERSON, SC 29621 PALMETTO SENIOR DAY CARE LLC	44
Number of Participants		44

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	4	Number Licensed Units	169
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County: Anderson

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ANMED HEALTH MEDICUS SURGERY CENTER LLC 107 PROFESSIONAL CT ANDERSON, SC 29621 KAY, ANGELA R PH#: 864-716-7900 Fac. Cont. Email:ANGIEKAY@MEDICUS1.COM	ASF-0100 / 04/30/2009 Anderson / Limited Liability PO BOX 1886 ANDERSON, SC 29622 ANMED HEALTH MEDICUS SURGERY CENTER LLC	5
Operating Rooms 3 Procedure Rooms 2 Endoscopy Rooms 0		
BEARWOOD AMBULATORY SURGERY CENTER PA 3031 HWY 81 N ANDERSON, SC 29621-3621 HOLDREDGE, SUSAN S PH#: 864-224-4765 Fac. Cont. Email:No Fac Cont. email on record	ASF-0021 / 12/31/2009 Anderson / Corporation 3031 HWY 81 N ANDERSON, SC 29621 BEARWOOD AMBULATORY SURGERY CENTER PA	1
Operating Rooms 1 Procedure Rooms 0 Endoscopy Rooms 0		
PHYSICIAN SURGERY CENTER AT ANMED HEALTH LLC 100 HEALTHY WAY STE 1220 ANDERSON, SC 29621 MCCLAIN, ANGELA PH#: 864-512-1699 Fac. Cont. Email:ANGELA.MCCLAIN@ANMEDHEALTH.ORG	ASF-0111 / 06/30/2009 Anderson / Limited Liability 109 ESSEX DR ANDERSON, SC 29621 PHYSICIAN SURGERY CENTER AT ANMED HEALTH LLC	4
Operating Rooms 3 Procedure Rooms 1 Endoscopy Rooms 0		
UPSTATE ENDOSCOPY CENTER 1922 MCCONNELL SRPINGS RD STE B ANDERSON, SC 29621 ATKINS, DEBORAH A PH#: 864-716-6555 Fac. Cont. Email:LYNNGREGORY@ANMEDHEALTH.ORG	ASF-0083 / 06/30/2009 Anderson / Ltd. Liability 1922 MCCONNELL SPRINGS RD STE B ANDERSON, SC 29621 ANMED ENTERPRISES INC UPSTATE ENDOSCOPY CENTER LLC	2
Operating Rooms 0 Procedure Rooms 0 Endoscopy Rooms 2		

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: 4 Number Licensed Units 12

County: Anderson

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AGGRESSION STUDIOS 3403 S MURRAY AVE ANDERSON, SC 29624 MCCALL, BRYAN C PH#: 864-296-5300 Fac. Cont. Email: AGGRESSIONSTUDIOS@HOTMAIL.COM	BP-0182 / 09/30/2008 (Renewal Pending) Anderson / Sole Proprietorship 3403 S MURRAY AVE ANDERSON, SC 29624 JONES C MCCALL	1
AGGRESSIVE INK III BODY PIERCING 407 B 28 BYPASS ANDERSON, SC 29624 RICKETTS, STEVE G PH#: Fac. Cont. Email: No Fac Cont. email on record	BP-0210 / 06/30/2009 Anderson / Sole Proprietorship 407-B 28 BYPASS ANDERSON, SC 29624 RICKETTS, STEVEN GENE	1
ARTISTIC INK PIERCING 97 WELPINE DR PENDLETON, SC 29670 ROWLAND, TERRY T PH#: 864-226-1704 Fac. Cont. Email: TERRY777@ALLTEL.NET	BP-0205 / 11/30/2009 Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545 TERRY T ROWLAND	1
XPRESSIONS TANNING SALON 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624 GINN, DONNA S PH#: 864-225-4806 Fac. Cont. Email: ANGLNURARMS@AOL.COM	BP-0193 / 02/28/2010 Anderson / Sole Proprietorship 112 W SHOCKLEY FERRY RD ANDERSON, SC 29624 DONNA S GINN	1

Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed:	4	Number Licensed Units	4
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Division of Health Licensing

County: Anderson

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ALEXANDER'S RESIDENTIAL HOME 1302 S MCDUFFIE ST ANDERSON, SC 29624 KELLER, BOBBIE J PH#: 864-225-6901 Fac. Cont. Email: No Fac Cont. email on record	CRC-0233 / 08/31/2009 Anderson / Sole Proprietorship 1302 S MCDUFFIE ST ANDERSON, SC 29624 ROBBIE J ALEXANDER	10
Certifications:Alzheimer Care		
CONNIE'S RESIDENTIAL CARE #1 303 E HAMPTON ST ANDERSON, SC 29624 MCLEES, SHANNON CRAFT PH#: 864-226-3797 Fac. Cont. Email: No Fac Cont. email on record	CRC-1470 / 10/31/2009 Anderson / Sole Proprietorship PO BOX 13744 ANDERSON, SC 29624 SHANNON CRAFT MCLEES	10
Certifications:None		
CONNIE'S RESIDENTIAL CARE #2 1111 WHITE ST ANDERSON, SC 29625 MCLEES, SHANNON CRAFT PH#: 864-225-9921 Fac. Cont. Email: No Fac Cont. email on record	CRC-1471 / 10/31/2009 Anderson / Sole Proprietorship PO BOX 13744 ANDERSON, SC 29624 SHANNON CRAFT MCLEES	9
Certifications:None		
FAITH HOPE AND CHARITY RETIREMENT 101 COE ST ANDERSON, SC 29624 TOUCHTON, MARY S PH#: 864-226-0990 Fac. Cont. Email: No Fac Cont. email on record	CRC-0760 / 04/30/2010 Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624 MARY SIMS TOUCHTON	10
Certifications:None		
FITZGERALD'S RESIDENTIAL CARE FACILITY 813 S MCDUFFIE ST ANDERSON, SC 29624 SMITH, MICHAEL A PH#: 864-225-4711 Fac. Cont. Email: No Fac Cont. email on record	CRC-0338 / 01/31/2010 Anderson / Sole Proprietorship 813 S MCDUFFIE ST ANDERSON, SC 29624 DORIS FITZGERALD	10
Certifications:None		
GARDEN HOUSE 201 EDGEBROOK DR ANDERSON, SC 29621 BRADLEY-GUIBAULT, KATHLEEN PH#: 864-964-5668 Fac. Cont. Email: No Fac Cont. email on record	CRC-1437 / 02/28/2010 Anderson / Ltd. Liability 201 EDGEBROOK DR ANDERSON, SC 29621 ANDERSON SENIOR LIVING PARTNERS LLC	60
Certifications:Alzheimer Unit, Alzheimers Care		

Division of Health Licensing

County: Anderson

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
MAGNOLIAS OF ANDERSON 2203 MARCHBANKS AVE ANDERSON, SC 29621 FOARD, PAULA M PH#: 864-231-7786 Fac. Cont. Email: MBDUNMOYER@AOL.COM	CRC-1327 / 06/30/2009 Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621 CAROLINA RETIREMENT SERVICES OF ANDERSON L L C	60
Certifications:None		
MAGNOLIAS OF ANDERSON 2203 MARCHBANKS AVE ANDERSON, SC 29621 FOARD, PAULA M PH#: 864-231-7786 Fac. Cont. Email: MBDUNMOYER@AOL.COM	CRC-1413 / 05/31/2009 Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621 CAROLINA RETIREMENT SERVICES OF ANDERSON L L C	60
Certifications:None		
MAPLES OF HONEA PATH 224 WILDWOOD DR HONEA PATH, SC 29654 WILLIS, MARK N PH#: 864-369-2000 Fac. Cont. Email: No Fac Cont. email on record	CRC-0819 / 05/31/2009 Anderson / Corporation 224 WILDWOOD DR HONEA PATH, SC 29654 MAPLE MANOR INC	74
Certifications:Alzheimer Care		
MORNINGSIDE OF ANDERSON 1304 MCLEES RD ANDERSON, SC 29621 SPEER, RICHARD W PH#: 864-964-9088 Fac. Cont. Email: RSPEER@5SQC.COM	CRC-1093 / 04/30/2010 Anderson / Limited Liability Limited Partnership 1304 MCLEES RD ANDERSON, SC 29621 MORNINGSIDE OF ANDERSON L P	88
Certifications:None		
NORTH POINTE ASSISTED LIVING 701 SIMPSON RD ANDERSON, SC 29621 MOORE, PEGGY D PH#: 864-231-0059 Fac. Cont. Email: No Fac Cont. email on record	CRC-1454 / 08/31/2009 Anderson / Ltd. Liability 701 SIMPSON RD ANDERSON, SC 29621 PE COUNTRY HERITAGE LLC	70
Certifications:Alzheimer Unit, Alzheimers Care		
RESTING PLACE #1 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624 TOUCHTON, MARY S PH#: 864-226-0990 Fac. Cont. Email: No Fac Cont. email on record	CRC-0499 / 11/30/2009 Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624 MARY SIMS TOUCHTON	10
Certifications:None		

Division of Health Licensing

County: Anderson

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME 250 UNION HIGH DR BELTON, SC 29627 HASIUK, JANICE E PH#: Fac. Cont. Email:No Fac Cont. email on record	CRC-1270 / 04/30/2010 Anderson / Non-Profit Corporation 250 UNION HIGH DR BELTON, SC 29627 ROCKY RIVER BAPTIST ASSOCIATION	28
Certifications:Alzheimer Care		
SUMMER HOUSE 311 SIMPSON RD ANDERSON 29621 HUNTER, ANDREA M PH#: 864-261-3875 Fac. Cont. Email:ANDERSONPLACE-ED@EMERTUS.COM	CRC-1303 / 03/31/2010 Anderson / Corporation 3131 ELLIOTT AVE, STE 500 SEATTLE, WA 98121 EMERITUS CORPORATION	40
Certifications:None		
SUMMIT PLACE OF ANDERSON 107 PERPETUAL SQUARE ANDERSON, SC 29621 ELLISTON, JOHN M PH#: 864-222-9880 Fac. Cont. Email:ED@SUMMITOFANDERSON.COM	CRC-1151 / 03/31/2010 Anderson / Ltd. Liability 107 PERPETUAL SQUARE DR ANDERSON, SC 29621 EDEN GARDENS - ANDERSON	89
Certifications:Alzheimer Unit, Alzheimers Care		
VILLAGE COMMUNITY CARE HOME-UNIT A 1250 SALEM CHURCH RD ANDERSON, SC 29623-5107 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Fac. Cont. Email:No Fac Cont. email on record	CRC-0563 / 01/31/2010 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC	11
Certifications:None		
VILLAGE COMMUNITY CARE HOME-UNIT B 1250 SALEM CHURCH RD ANDERSON, SC 29623-5107 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Fac. Cont. Email:No Fac Cont. email on record	CRC-0564 / 01/31/2010 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC	11
Certifications:None		
VILLAGE COMMUNITY CARE HOME-UNIT C 1250 SALEM CHURCH RD ANDERSON, SC 29623-5107 WILLIAMS, PHYLLIS S PH#: 864-225-4336 Fac. Cont. Email:No Fac Cont. email on record	CRC-0565 / 01/31/2010 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC	11
Certifications:Alzheimer Unit		

County: Anderson

Facility Type: Community Residential Care Facility

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
VILLAGE COMMUNITY CARE HOME-UNIT D	CRC-0566 / 01/31/2010	11
1250 SALEM CHURCH RD	Anderson / Corporation	
ANDERSON, SC 29623-5107	PO BOX 5107	
WILLIAMS, PHYLLIS S PH#: 864-225-4336	ANDERSON, SC 29623-5107	
Fac. Cont. Email:No Fac Cont. email on record	VILLAGE COMMUNITY CARE HOME INC	

Certifications:Alzheimer Care

Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed:	19	Number Licensed Units	672
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County: Anderson

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ANMED HEALTH HOME HEALTH AGENCY 1926 MCCONNELL SPRINGS RD ANDERSON, SC 29621 ERVIN, REGINA PH#: 864-512-6410 Fac. Cont. Email:REGINA.ERVIN@ANMEDHEALTH.ORG Counties Served Anderson License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y Other:	HHA-0068 / 02/28/2010 Anderson / Non-Profit Corporation PO BOX 195 ANDERSON, SC 29622-0195 ANMED HEALTH	1
DHEC REGION 1 HOME HEALTH SERVICES 220 MCGEE RD ANDERSON 29625 ELLENBURG, MARY M PH#: 864-260-5617 Fac. Cont. Email:No Fac Cont. email on record Counties Served Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, Saluda License Restrictions Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: REGISTERED DIETITIAN	HHA-0001 / 09/30/2009 Anderson / State 220 MCGEE RD ANDERSON, SC 29625 SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL	8

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	2	Number Licensed Units	9
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County: Anderson

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CALLIE & JOHN RAINEY HOSPICE HOUSE 1835 ROGERS RD ANDERSON, SC 29621 MELBOURNE, PAMELA S PH#: 864-224-3358 Fac. Cont. Email:No Fac Cont. email on record	HPF-0001 / 08/31/2009 Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621 HOSPICE OF THE UPSTATE INC	32

Totals For Facility/License Type Hospice Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	32
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County: Anderson

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AGAPE COMMUNITY HOSPICE OF ANDERSON 300-B E GREENVILLE ST ANDERSON, SC 29621 HAM, DEBRA M PH#: 864-332-1500 Fac. Cont. Email: DHAM@AGAPESENIOR.COM	HPC-0118 / 02/28/2009 (Renewal Pending) Anderson / Corporation 300-B E GREENVILLE ST ANDERSON, SC 29621 CAROLINAS COMMUNITY HOSPICE INC	5
Counties Served Anderson, Greenville, Laurens, Oconee, Pickens		
HALLMARK HOSPICE LLC 117 BROADBENT WAY ANDERSON, SC 29625 GARMON, JOHN PH#:	HPC-0128 / 09/30/2009 Anderson / Ltd. Liability 117 BROADBENT WAY ANDERSON, SC 29625 HALLMARK HOSPICE LLC	7
Fac. Cont. Email: No Fac Cont. email on record		
Counties Served Aiken, Anderson, Charleston, Colleton, Greenville, McCormick, Pickens		
HOSPICE OF THE UPSTATE INC 1835 ROGERS RD ANDERSON, SC 29621 MELBOURNE, PAMELA PH#: 864-224-3358 Fac. Cont. Email: PMELBOURNE@HOSPICEHOUSE.NET	HPC-0017 / 07/31/2009 Anderson / Corporation 1835 ROGERS RD ANDERSON, SC 29621 HOSPICE OF THE UPSTATE INC	5
Counties Served Abbeville, Anderson, Greenville, Oconee, Pickens		

Totals For Facility/License Type Hospice Program

 Number of Activities/Facilities licensed:
 Number Licensed Units

Division of Health Licensing

County: Anderson

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	

ANMED HEALTH MEDICAL CENTER	HTL-0044 / 11/30/2009	461
800 N FANT ST	Anderson / Non-Profit Corporation	
ANDERSON, SC 29621	800 N FANT ST	
MILLER JR, JOHN A PH#: 864-512-1109	ANDERSON, SC 29621	
Fac. Cont. Email: JERRY.PARRISH.ANMEDHEALTH.ORG	ANMED HEALTH	

Licensed Beds: General: 423	Psychiatric: 38	Rehab: 0	Substance Abuse: 0
Other Beds	NICU: 0	Neonatal Special Care: 0	

Certifications: Trauma Center Level II, JCAHO Accredited

ANMED HEALTH REHABILITATION HOSPITAL	HTL-0838 / 12/31/2009	37
1 SPRINGBACK WAY	Anderson / Ltd. Liability	
ANDERSON, SC 29621-2676	1 SPRINGBACK WAY	
SKRIPPS, MICHELE M PH#: 864-716-2600	ANDERSON, SC 29621-2676	
Fac. Cont. Email: MICHELE.SKRIPPS@HEALTHSOUTH.COM	ANMED ENTERPRISES INC HEALTHSOUTH LLC	

Licensed Beds: General: 0	Psychiatric: 0	Rehab: 37	Substance Abuse: 0
Other Beds	NICU: 0	Neonatal Special Care: 0	

Certifications: JCAHO Accredited

ANMED HEALTH WELLSRING	HTL-0541 / 10/31/2009	27
313 WILLIAMS ST	Anderson / Non-Profit Corporation	
WILLIAMSTON, SC 29697	313 WILLIAMS ST	
FELEPPA, JOSEPH G PH#: 864-847-1050	WILLIAMSTON, SC 29697-1928	
Fac. Cont. Email: JOE.FELEPPA@ANMEDHEALTH.ORG	ANMED HEALTH	

Licensed Beds: General: 0	Psychiatric: 0	Rehab: 0	Substance Abuse: 27
Other Beds	NICU: 0	Neonatal Special Care: 0	

Certifications: JCAHO Accredited

ANMED HEALTH WOMEN'S AND CHILDREN'S HOSPITAL	HTL-0896 / 06/30/2009	72
2000 E GREENVILLE ST	Anderson / Non-Profit Corporation	
ANDERSON, SC 29621	2000 E GREENVILLE ST	
MILLER JR, JOHN A PH#: 864-512-1000	ANDERSON, SC 29621	
Fac. Cont. Email: ANMEDHEALTH.ORG	ANMED HEALTH	

Licensed Beds: General: 72	Psychiatric: 0	Rehab: 0	Substance Abuse: 0
Other Beds	NICU: 0	Neonatal Special Care: 13	

Certifications: Perinatal Level II, JCAHO Accredited

PATRICK B HARRIS PSYCHIATRIC HOSPITAL	HTL-0503 / 11/30/2009	200
130 HWY 252	Anderson / State	
ANDERSON, SC 29621	PO BOX 2907	
FLETCHER, JOHN F PH#: 864-231-2600	ANDERSON, SC 29622	
Fac. Cont. Email: No Fac Cont. email on record	SC DEPARTMENT OF MENTAL HEALTH	

Licensed Beds: General: 0	Psychiatric: 200	Rehab: 0	Substance Abuse: 0
Other Beds	NICU: 0	Neonatal Special Care: 0	

Certifications: JCAHO Accredited

County: Anderson

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date
Location Street	County/Ownership Typ
Location City, State	Mailing/Billing Addres
Administrator/Phone	Licensee
	Licensed Unit

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed:	5	Number Licensed Units	797
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County: Anderson

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ANDERSON PLACE 311 SIMPSON RD ANDERSON, SC 29621 HUNTER, ANDREA M PH#: 864-261-3875 Fac. Cont. Email:ANDERSONPLACE-ED@EMERITUS.COM	NCF-0872 / 03/31/2010 Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621 EMERITUS CORPORATION	44
Licensed Beds Nursing Home 44 Institutional Nursing Home 0		
Certifications:Alzheimer Care		
BROOKSIDE LIVING CENTER 208 JAMES ST ANDERSON, SC 29625-2985 KING, JIMMY PH#: 864-226-3427 Fac. Cont. Email:JSWIFT@HMR-LTC.COM	NCF-0909 / 09/30/2009 Anderson / Limited Liability Company (multiple member) C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 BROOKSIDE LIVING CENTER LLC	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 0		
Certifications:None		
ELLENBURG NURSING CENTER INC 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG, LYNDON W PH#: 864-226-5054 Fac. Cont. Email:FUZZERONE@AOL.COM	NCF-0231 / 03/31/2010 Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624 ELLENBURG NURSING CENTER INC	181
Licensed Beds Nursing Home 181 Institutional Nursing Home 0		
Certifications:None		
NHC HEALTHCARE ANDERSON 1501 E GREENVILLE ST ANDERSON, SC 29621-1327 MOORHOUSE, BRADLEY W PH#: 864-226-8356 Fac. Cont. Email:SNFCARE@NHANDERSON.COM	NCF-0801 / 06/30/2009 Anderson / Ltd. Liability PO BOX 1327 ANDERSON, SC 29621-1327 NHC HEALTHCARE/ANDERSON LLC	290
Licensed Beds Nursing Home 290 Institutional Nursing Home 0		
Certifications:Alzheimer Care		
RICHARD M CAMPBELL VETERANS NURSING HOME 4605 BELTON HWY ANDERSON, SC 29621 AUSTIN, RUBERT E PH#: 864-261-6734 Fac. Cont. Email:RAUSTIN@HMR-LTC.COM	NCF-0549 / 02/28/2010 Anderson / State 4605 BELTON HWY ANDERSON, SC 29621 SC DEPARTMENT OF MENTAL HEALTH	220
Licensed Beds Nursing Home 220 Institutional Nursing Home 0		
Certifications:Alzheimer Unit		

County: Anderson

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
RIVERSIDE LIVING CENTER 109 BENTZ RD PIEDMONT, SC 29673 PARSON, DIANE PH#: 864-845-5177 Fac. Cont. Email:JSWIFT@HMR-LTC.COM	NCF-0907 / 09/30/2009 Anderson / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 RIVERSIDE LIVING CENTER L L C	88
Licensed Beds Nursing Home 88 Institutional Nursing Home 0		

Certifications:None

WILLOW CREEK LIVING CENTER 406 W BROAD ST IVA, SC 29655 HERITAGE, CARLA PH#: 864-348-7433 Fac. Cont. Email:ADMINWILLOW@HMR-LTC.COM	NCF-0904 / 09/30/2009 Anderson / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 WILLOW CREEK LIVING CENTER L L C	60
Licensed Beds Nursing Home 60 Institutional Nursing Home 0		

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	<input type="text" value="7"/>	Number Licensed Units	<input type="text" value="971"/>
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County: Anderson

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ADULT DRUG COURT TREATMENT 201 N MAIN ST STE 101 ANDERSON, SC 29621 METCALFE, TASHA R PH#: 864-222-6694 Fac. Cont. Email:TMETCALFE@SOLI10TH.COM	OTP-0099 / 01/31/2010 Anderson / County PO BOX 8002 ANDERSON, SC 29622 ANDERSON COUNTY 10TH CIRCUIT SOLICITOR'S OFFICE	1

Certifications:None

ANDERSON OCONEE BEHAVIORAL HEALTH SERVICES 226 MCGEE RD ANDERSON, SC 29625 BECK, KAREN B PH#: 864-260-4168 Fac. Cont. Email:A0BHS@CAROL.NET	OTP-0030 / 09/30/2009 Anderson / County 226 MCGEE RD ANDERSON, SC 29625 ANDERSON OCONEE BEHAVIORAL HEALTH SERVICES	2
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Certifications:None

SOUTHWEST CAROLINA TREATMENT CENTER LLC 341 W BELTLINE BLVD ANDERSON, SC 29625 JOHNSON, DEBORAH M PH#: 864-222-9798 Fac. Cont. Email:KIRKPARKER@CAROLINATREATMENTCENTERS.COM	OTPN-0049 / 02/28/2010 Anderson / Ltd. Liability 7 SUNBELT BUSINESS PARK DR STE 5 GREER, SC 29650 SOUTHWEST CAROLINA TREATMENT CENTER L L C	1
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	3	Number Licensed Units	4
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County: Anderson

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FRESENIUS MEDICAL CARE ANDERSON 416 E CALHOUN ST STE A ANDERSON, SC 29621 LINDLEY, SHARON M PH#: 864-224-1678 Fac. Cont. Email: No Fac Cont. email on record	ERD-0105 / 10/31/2009 Anderson / Corporation 416 E CALHOUN ST STE A ANDERSON, SC 29621 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	48
Licensed Stations: Hemodialysis: 47 Peritoneal: 1		
FRESENIUS MEDICAL SERVICES OF BELTON - HONEA PATH 200 CHURCH ST HONEA PATH, SC 29654-2213 LINDLEY, SHARON PH#: 864-369-6509 Fac. Cont. Email: SHARON.LINDLEY@FMC-NA.COM	ERD-0146 / 05/31/2009 Anderson / Corporation 200 CHURCH ST HONEA PATH, SC 29654-2213 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		
FRESENIUS MEDICAL SERVICES OF PENDLETON 908 S MECHANIC ST PENDLETON, SC 29670-1815 MOORE, CRYSTAL PH#: 864-646-6607 Fac. Cont. Email: No Fac Cont. email on record	ERD-0145 / 12/31/2009 Anderson / Corporation 908 S MECHANIC ST PENDLETON, SC 29670-1815 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC	11
Licensed Stations: Hemodialysis: 11 Peritoneal: 0		
PENDLETON DIALYSIS 7703 HWY 76 PENDLETON, SC 29670 BOWSER, DEBRA PH#: 864-227-6011 Fac. Cont. Email: No Fac Cont. email on record	ERD-0143 / 10/31/2009 Anderson / Limited Liability Limited Partnership ATTN: LICENSURE AND CERTIFICATION, 5200 VIRGINIA WAY BRENTWOOD, TN 37027 RENAL TREATMENT CENTERS - SOUTHEAST L P	10
Licensed Stations: Hemodialysis: 10 Peritoneal: 1		

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	4	Number Licensed Units	86
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Division of Health Licensing

County: Anderson

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
AGGRESSIVE INK 3 407 C 28 BYPASS ANDERSON, SC 29624 RICKETTS, STEVEN G PH#: 864-940-6552 Fac. Cont. Email: No Fac Cont. email on record	TF-0073 / 06/30/2009 Anderson / Sole Proprietorship 407 C 28 BYPASS ANDERSON, SC 29624 RICKETTS, STEVEN G	3
AGGRESSIVE INK II 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624-0000 RICKETTS, STEVEN G PH#: 864-231-9257 Fac. Cont. Email: AGGRESSIVEINK@GMAIL.COM	TF-0031 / 12/31/2009 Anderson / Sole Proprietorship 324 E SHOCKLEY FERRY RD ANDERSON, SC 29624 STEVEN G RICKETTS	3
ARTISTIC INK 99 WELPINE DR PENDLETON, SC 29670 ROWLAND, TERRY T PH#: 706-498-5811 Fac. Cont. Email: TERRY777@ALLTEL.NET	TF-0059 / 10/31/2009 Anderson / Sole Proprietorship PO BOX 162 HELEN, GA 30545 TERRY T ROWLAND	3
HONKY TONK TATTOO 121 V W CT ANDERSON, SC 29626 FILIPOVIC, MICHAEL W PH#: 864-276-1755 Fac. Cont. Email: TATTOOZFROMFLIP@YAHOO.COM	TF-0084 / 11/30/2009 Anderson / Sole Proprietorship 121 V W CT ANDERSON, SC 29626 FILIPOVIC, MICHAEL W	2
MONSTER INK 3121A HWY 153 PIEDMONT, SC 29673 LAMB, EDWIN W PH#: 864-325-1307 Fac. Cont. Email: No Fac Cont. email on record	TF-0066 / 04/30/2010 Anderson / Sole Proprietorship 3121A HWY 153 PIEDMONT, SC 29673 LAMB, EDWIN W	3
PAINTED PONY TATTOO - ANDERSON 734 WHITEHALL RD ANDERSON, SC 29625 BRANDT, KAREN L PH#: 864-226-2500 Fac. Cont. Email: KLBPP@WEBTV.NET	TF-0034 / 02/28/2010 Anderson / Sole Proprietorship 734 WHITEHALL RD ANDERSON, SC 29625 KAREN L BRANDT	5

Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed:	6	Number Licensed Units	19
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Number of Activities/Facilities licensed in county of	Anderson	# Lics	62
	Number Licensed Units :	2,792	

Report Total

Total Number of Activities/Facilities licensed	62	Total Number Licensed Units	2,792
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